COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

DATE:

September 15, 2005

OFFICE CORRESPONDENCE

FILE:

FROM:

JOHNNY G. JURADO, COMMANDER LEADERSHIP & TRAINING DIVISION TO:

MARILYN E. BAKER, CAPTAIN EAST LOS ANGELES STATION

SUBJECT:

EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS NON-HIT SHOOTING, JANUARY 23, 2005, REVIEW #2137568/2137560

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on January 23, 2005.

The Committee met on September 15, 2005 and consisted of myself and Commanders Robert Binkley (FOR III), Kenneth Brazile (Commander of the Department), and Eric Smith (Leadership and Training Division). The Committee determined the use of force by Deputies Hugo Ramos # was within Department policy.

Please advise the sergeant and deputies of this finding.

JGJ:MAH:mh

Los Angeles County Sheriff's Department Supervisor's Report on Use of Force Page 1 of 4

Application Block to proper	to graded visitantis (). Martini visit in a simpliciti in i	Inc	ident Information			154 y 54 57 12/5849486(A)		
URN:	405-0089	9-0281-055	Date:	01/	23/05	Time:	2320 h	ırs.
Location:		Floral Drive	Ave., East I	os Angele	es			
City or Station:			East Los Ai	ngeles				
Bureau/Station	/Facility:	Region II /East Lo	os Angeles Station		Admin. Ir	nvestigation:	ES 🗌	МО⊠
4/10/2004/00/2004/00/20	renesiatorigitativa kontralitativa (h. 7. km)	.t.edeen en Em	ployee Witnesses		The second second	de state for des garças and	kola waxaya sagabar	10/2000 U VOU. 07
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Last Name		First Name		Middle Na	me		Age	D.O.B.
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Emp. #	Last Name Moreno	First Name Abel	Middle Name		Rank Sgt.	Present YES NO		to Incident
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-out-in-	errore en	W	atch Commander		* *** ***		Nys a siriana a dia	W.119W/128036
Emp. #	Last Name S	isneros	First Name	GREG		Middle Name	K.	
						Emp #:		
Watch Comma	nder's Signature:					μпр π.		
Copy Provided	to Employee by:		2			Emp #:		
			0			F U.		
Supervisor Cor	mpleting Form:		Gregory L. Key			Emp #:		
		(Print)		Emp :	∰· Det	e Signed	ł-
Unit Command	ers Signature:				Linb.	. Dan	o olynoc	**
	TO Use Only	1						

Original: Unit Commander Copy: P.S.T.D.Headquarters,

Employee

FO#2137560

Supervicar's Report on Use of Force

Page 2 of 4 URN: 405-00899-0281-055 Method (FH) Firearm (Handgun) (PO) Personal Weapon (Other) (AW) Arwen (BC) Baton: (Control) (FR) Firearm (Rifle) (RS) Resistance (BI) Baton: (Impact) (FS) Firearm (Shotgun) (CN) Restraint Device (Capture Net) (FO) Firearm (Other) (RH) Restraint Device (Handcuffs) (BF) Bodily Fluids (FB) Flashbang (HB) Restraint Device: Hobble (Legs Only) (CN) Canine (CR) Carotid Restraint (FL) Flashlight (TP) Restraint Device: Hobble (TARP) (OE) Other Weapon: Edged (RE) Restraint Device: REACT Belt (CH) Choke Hold (CT) Control Holds: (Control Techniques) (OV) Other Weapon: Vehicle (SP) Sap (OB) Other Weapon: Blunt Object (SH) Shield (SG) 37mm Stinger

(TT) Control Holds: (Team Takedown) (TD) Control Holds: (Takedown) (OO) Other Weapon: Other (PK) Personal Weapon: Feet/Leg: (Kick) (SB) Sting Ball (CE) Chemical (PS) Personal Weapon: Feet/Leg: (Sweep) (ST) Stun Bag (OC) Chemical Agents (OC Spray) (TR) Taser (PH) Personal Weapon (Hand/Arm) (TG) Chemical Agents (Tear Gas) (PP) Personal Weapon (Push) (UC) Uncooperative (EX) Explosives Tune of Injury Rady Part Injured

Type	от инјигу					DOG.	y Pari injur	ea			
(AB)	Abrasion	(DB)	Dog Bite	(PA)	Paralysis		Abdomen	(FA)	Face	(HI)	Hip
(BR)	Bruise	(FR)	Fractures	(PW)	Puncture Wound	(AK)	Ankle	(FE)	Feet	(IN)	internal
(BU)	Burn	(GS)	Gunshot	(SD)	Soft Tissue Damage	(AR)	Arm	(FI)	Fingers	(KN)	Knees
(CP)	Complaint of Pain	(HB)	Human Bite	(ST)	Sprain/Twists	(BK)	Back	(GE)	Genitals	(LE)	Leg
(CO)	Concussion	(LC)	Lacerations	(UN)	Unconscious	(BT)	Buttocks	(GR)	Groin	(NK)	Neck
(DH)	Death	(ND)	Nerve Damage	(RM)	Refused Med Treatment	(CH)	Chest	(HD)	Hands	(NO)	Nose
	Dislocation	(OD)	Organ Damage	(NN)	NONE	(EL)	Elbow	(HE)	Head	(SH)	Shoulder
		, ,								(WR)	Wrist

FORCE APPLIED

(Only One Code Per Block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)
E#1	S#1	FH	NN	
E#1	S#1	TD	NN	
S#1	E#1	FH	NN	
	Annual statement			
- HALLINGS .				

Supervisor's Report on Use of Force INVOLV EMPLOYEE INFORMACON

	URN: 405-0	00899-02				Page 3 of 4	
			Involved E	Employee			
E1	Employee# Las	t Name	Ramos	First N		Hugo	Middle Name F.
laura and a	Sex:	Race:	Unit of Assignment:	ignment: Wo			nt (Unit #, Module, etc.):
	Male Female	H.	East Los Angel	es Station			t 21/ EM
	Shift: Day PM	⊠ Re	egular Shift OT Shift	Off Duty	Age:	Height: 507	Weight: 165
	Medical Exam/Treatment [If Add	mitted, Name of iital:		Corone	er Case #	Directed Force Significant Force
E_	Employee# Las	t Name		First N	lame		Middle Name
	Sex: Male Female	Race:	Unit of Assignment:		Work		nt (Unit #, Module, etc.):
	Shift: BM Day PM	☐ Re	egular Shift 🔲 OT Shift	Off Duty	Age:	Height:	Weight:
	Medical Exam/Treatment	If Ad	mitted, Name of pital:		Coror	ner Case#	Directed Force Significant Force
E	Employee # Las	t Name		First N	Vame	•	Middle Name
4.00	Sex: Male Female	Race:	Unit of Assignment:		Work	Assignmer	nt (Unit #, Module, etc.):
	Shift: Day PM	□ Re	egular Shift 🔲 OT Shift	Off Duty	Age:	Height:	Weight:
	Modical Exam/Treatment	☐ If Adn Hosp	nitted, Name of ital:		Coro	ner Case#	Directed Force Significant Force
E_	Employee# Las	t Name		First I	Vame		Middle Name
	Sex: Male Female	Race:	Unit of Assignment:		Work	Assignmer	nt (Unit #, Module, etc.):
	Shift: Day PM		egular Shift 🔲 OT Shift	Off Duty	Age:	Height:	Weight:
	Medical Exam/Treatment	☐ If Adm Hospit	itted, Name of al:	· · · · · · · · · · · · · · · · · · ·	Con	oner Case#	Directed Force Significant Force
E		t Name		First I	Vame		Middle Name
	Sex: Male Female	Race:	Unit of Assignment:		Work	Assignmer	nt (Unit #, Module, etc.):
	Shift: Day PM		egular Shift 🔲 OT Shift	Off Duty	Age:	Height:	Weight:
		If Adm	nitted, Name of		Corone	r Case#	Directed Force Significant Force
	Medical Exam/Treatment	Hospi	tal:			ci	
E			tal:	First I		vit.	Middle Name
	Employee # Las Sex: Male Female	Hospi	Unit of Assignment:	First !	Work		Middle Name
	Employee # Las	Hospi			Work	Assignment Height:	Middle Name nt (Unit #, Module, etc.): Weight:

Supervior's Report on Use of Force SUSPECT INFORMATION

URN:	405-00899-0281-055	

Page 4 of 4

graduation whose con-		Susp	ect Inform	nation			Anthologisch Afric			
1 Last Name	Rodriguez	Rodriguez Firs		Ser	gio Mido	Middle Name				
AKA Last Name			First Nan	10	M	iddle Name				
Sex: Male Female		reet Address:			City:	State &	Zip Code:			
Work Phone:	Home Phone	9:	Age: 23	Height: 509	D.O.B. 062381	Weight: 210	Armed?			
Booking #: 8431657	Primary Cha	rge: 664	/197	Secondary Charge: Criminal History						
Hospital Admission?	Rec'd Tr	eatment At:	Coroner Case#: Mental History							
Under Influence: ☐ YES ☑ NO	Substance:			Photos of Suspect's Injuries YES NO						
Applia to represent the con-			suspect Inte	erview		S. C. British See	sa mierkariel			
Date: 01/24/05		Time: 0814	400	Audiotape:	∑ Videotar	ре: 🔲				
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Last Name		FI	rst Name First Nam	20		liddle Name				
AKA Last Name	1 - 10		FIIST Nati	10			Zin Code			
Sex: Male Female		reet Address:		City:			Zip Code:			
Work Phone:	none: Home Phone: Age:				D.O.B.	Weight:	Armed			
Booking #:	Primary Cha	arge:		Secondary	Charge:	Crimi	nal History			
Hospital Admission?	Rec'd Tr	eatment At:			Coroner	Case#: Menta	al History [
Under Influence: YES NO	Substance:			Photos	of Suspect's Inju	ries YE	s 🗆 NO			
) All the state of			Suspect Int	erview						
Date:		Time:		Audiotape:[] Videota	pe: 🔲	TO A STATE OF THE			
			pect Infor	mation						
Last Name		Fi	rst Name			dle Name				
AKA Last Name			First Nar	ne	N	liddle Name				
Sex: Male Female		treet Address:			City:	State &	Zip Code:			
Work Phone:	Home Phon	e:	Age:	Height:	D.O.B.	Weight:	Armed			
Booking #:	Primary Cha	arge:		Secondary	-		nal History			
Hospital Admission?	Rec'd T	reatment At:			Coroner	Case#: Ment	al History [
Under Influence:	Substance:			Photos	of Suspect's Inju	ıries YE	s 🗆 NO			
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